

Name

And

Address

Tax Year 2017

I hereby cer	tify that the inf	ormation	and state	ments	contained	here
in and in an	y schedules or	exhibits	attached	are true	and corre	ect.

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 2017

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF NEW CONCORD 2 West Main Street P.O. Box 10 New Concord OH 43762

Voice 740-826-7671

Fax 740-826-7617

Period Ending JAN-FEB-MAR

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees		
Total Salarias Wages Commissions and other	Tax Year 2017	
Compensation paid all employees	I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.	
	Signed	
. Taxable Earnings (from line 2)	Title Date	
Actual Tax Withheld at 1.500 %	Phone #	
Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON	
0.42 per month	OR BEFORE JULY 31, 2017	
50%	MAKE CHECK OR MONEY ORDER TO:	
Total (Include Interest and Penalty if Due)	VILLAGE OF NEW CONCORD	
	2 West Main Street	
Name	P.O. Box 10	
Name	New Concord OH 43762	
And	Voice 740-826-7671 Fax 740-826-7613	
Address	Period Ending APR-MAY-JUN	
	TAX ID	
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.	
ORM W1 1335 EMPLOYER'S WITHHO	OLDING - QUARTERLY	
Number of Taxable Employees	Tax Year 2017	
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Number of Taxable Employees. 1 Total Salaries, Wages, Commissions and other ompensation paid all employees. 2 Taxable Earnings (from line 2). 3	Tax Year 2017 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date	
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TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

FORM W1 1335 EMPLOYER'S WITHHOLDING - QUARTERLY 1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 1.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. 0.42 per month. 6 7. 50%. 7 8. Total (Include Interest and Penalty if Due). 8

Name

And

Address

Tav	Year	2017
IAX	T ear	ZU 1 /

I hereby certify that the information and statements contained here
in and in any schedules or exhibits attached are true and correct.

Signed	
Title	Date

Phone # THIS RETURN MUST BE FILED ON

OR BEFORE JANUARY 31, 2018 MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF NEW CONCORD

2 West Main Street
P.O. Box 10

New Concord OH 43762

Voice 740-826-7671

Fax 740-826-7617

Period Ending OCT-NOV-DEC

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.